



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Richard J. Visingardi, Ph.D, Director

October 28, 2002

MEMORANDUM

TO: North Carolina Association of County Commissioners
County Commission Chairs
County Managers
North Carolina Council of Community Programs
Area Program Board Chairs
Area Program Directors
Legislative Oversight Committee Members
MH/DD/SAS Commission Chair
Consumer/Family Advisory Committee Chairs
Advocacy Organizations and Groups
Provider Organizations
MH/DD/SAS Professional Organizations and Groups
MH/DD/SAS Stakeholder Organizations and Groups
Other MH/DD/SAS Stakeholders

FROM: Richard J. Visingardi, Ph.D.

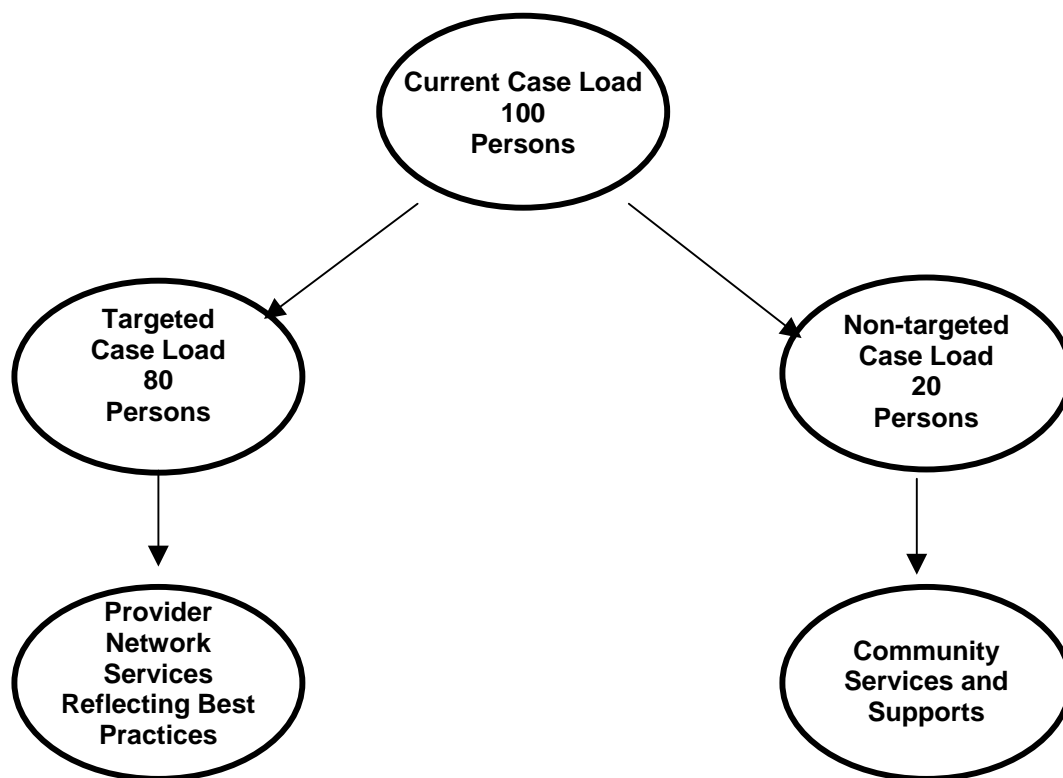
RE: **COMMUNICATION BULLETIN #003**
Management of State Plan Target
and Non-Target Populations



Under the State Plan the local management entities (LMEs) will have responsibility for ongoing assessment of community needs, collaboration and planning for services and supports for all populations. The LME will be responsible for access and service management, service monitoring, oversight and evaluation, organized provider network development and cross agency community services alternatives. It is the responsibility of LMEs to promote and encourage membership and participation of many community groups and organizations in the planning processes for the development and provision of services and other community supports. This should include other public and private health and human service agencies, education, law enforcement, the business community, volunteer and civic groups, faith-based organizations, peer led supports and natural supports. These important and respected partners will help plan and provide for services to persons within the target and non-target populations and should be a key component in the LMEs' service monitoring and management functions for preventing service disruption and escalation of needs.

The use of data will be critical in providing information necessary to effectively manage and plan for both target and non-target populations. For instance, the LME may make more aggressive efforts with outreach and service provision for a target population such as the mentally ill homeless, while coordinating the development of alternative community supports for individuals with mild mental illness.

The following chart provides a representation of the an analysis of a potential caseload:



At this time, transition planning should have begun for all persons currently being served in area programs and contract agencies, as well as those that will be coming into services over the current fiscal year. Area/county programs will continue to have responsibility for arranging or managing services for persons in both the target and non-target populations. People within the non-target populations will be assisted in moving to other alternatives within the community over a reasonable period of time. It is critical that persons are not discharged without careful transition planning.

The transition process includes completing consumer assessments to determine whether individuals qualify for target or non-target populations. Through this process, the type of care and level of care needed by individuals will be identified. These assessments will be essential to determine if individuals are being served with best practices and at the appropriate levels and to ensure that person-centered planning will shape service delivery. If the current type of service is not best practice, or if the service level either exceeds or falls short of that indicated for the individual's need, the type of service and/or the level of care will need to be realigned. This process will assure the optimal use of resources for individuals who are most in need of services.

Once the non-target population is identified, the LME will need to consider the following questions in its analysis of non-target populations:

- Who are they?
- What do they need?
- How many are entitled to Medicaid Services?
- How many are entitled to Health Choice Services?
- How many are included in the Olmstead population?
- How many have first or third party resources?
- What are the available community resources and supports?

LME care coordination of non-target individuals will monitor the adequacy of alternative care provision and be responsive to any signs of deterioration and need for a different type of service or an elevated level of care. Non-target individuals need to be assessed to determine if they can be served through a wide variety of existing and prospective services within the community such as through the primary health care system, an expanded use of natural community and peer led supports (NA and AA), or through other private community resources (The United Way). Lastly, area programs will need to identify those individuals with critical needs for whom they have been unsuccessful in identifying or developing best practice types of services at any level of community supports or services, and the Division will need to consider evaluating the fiscal and policy implications of State Plan coverage for additional populations.

The period of July 1, 2002 through June 30, 2003 has been designated as a transition year and area/county programs should use this year to identify individuals who will not fall within the target population groups as defined in the State Plan Chapter 3, Section – Target Populations. As previously stated, area/county programs must continue to serve these individuals during the year as transition to other community supports takes place.

Questions regarding this correspondence should be directed to Joan Kaye at 919-733-7011 or Joan.Kaye@ncmail.net.

Thank you.

RJV

cc: Secretary Carmen Hooker Odom
Deputy Secretary Lanier Cansler
Assistant Secretary of Health James Bernstein
DMH/DD/SAS Staff